**State Demonstrations to Integrate Care for Dual Eligible Individuals**
**Interim Progress Report**

States receiving design contracts are required to submit an interim progress report that documents their experience with the design process and lessons learned as part of the design contract. Progress reports must be submitted to the CMS Project Lead electronically in Word no later than six (6) months from the contract execution date. *Please note that sections below marked with an asterisk (\*) may be posted on the CMS Medicare-Medicaid Coordination Office website or otherwise made available publicly.*

In developing these progress reports, States are asked to consider including the following information:

- *Progress to Date:* Brief description (e.g., 1-2 paragraphs) of progress to date, including top 2-3 milestones/accomplishments achieved to date as well as top 2-3 challenges encountered and strategies used to address these challenges.*

- *State Legislative Developments:* Identification of any State legislative developments that could impact the demonstration design and/or submission of the demonstration proposal by the specified due date, as applicable. *

- *Anticipated Challenges:* Brief description (e.g., 1-2 paragraphs) of any anticipated challenges (not already addressed above) that could arise over the next six months that may impact the design or submission of the demonstration deliverable and any strategies the State has for addressing them. *

- *Work Plan/Timeline:* High-level work plan for next 6 months or until the demonstration design deliverable is submitted. *

- Identification of any important updates in the following areas:
    - Proposed approach*
    - Use of contract funds
    - Status of Medicare data request and related analysis*
    - Technical assistance needs
    - Stakeholder engagement (a summary of this information may be made public) *

Templates for each of the items above are attached below as examples.

**Progress to Date**

*Brief description (e.g., 1-2 paragraphs) of progress to date*

   The Vermont Dual Eligible Project will serve all Dual Eligibles in the State, providing a full range of Medicare and Medicaid services plus enhanced benefits. To inform and advise this effort, Vermont created four Workgroups which have been meeting every 2 weeks since July 2011. The four Workgroups are: Service Delivery, Financing Model, Outcomes & Quality, and Person Centered Care. Participants include advocates, consumers, program representatives, State Government entities, and a wide range of providers. These meetings are widely publicized and open to the public. Minutes can be found at http://humanservices.vermont.gov/dual-eligibles-project  Vermont also conducted monthly Stakeholder meetings to provide an overview on the progress of the four Workgroups. As each Workgroup fulfilled its mandate, it was merged into one large Stakeholder Advisory Group to continue the discourse on how best to create a VT Dual Eligible Demonstration plan for submittal to CMS. The Steering Committee, an internal planning group, also meets every other week.

   The Stakeholder Advisory Group has endorsed the following program components: capitated financial alignment model, automatic enrollment with an easy opt-out provision, Vermont's Managed Care Entity (MCE) as the health plan, the inclusion of Medicare Part D through a single formulary and Pharmacy Benefit Management, and the use of the MCE's Grievance and Appeals process.

   To inform its design proposal, Vermont has issued an RFP for focus groups to be conducted with six different Dual Eligible subgroups (Community Rehabilitation and Treatment, Developmental Services, Home and Community-Based Long Term Care Services, TBI, and dually eligible people older/younger than 65 but not included above). Vermont has contracts in place with The Pacific Health Policy Group and Bailit Health Purchasing; negotiations are underway with Brandeis University. These contractors will assist Vermont in developing elements of the demonstration model submission documents including financing models, actuarial analysis, service delivery models, outcome/performance indicators, and legal/regulatory analysis.

*Top two to three milestones/accomplishments achieved to date:*

1. The Vermont Dual Eligible Demonstration project has as its centerpiece a "person-centered" service delivery system. The Person Centered Workgroup has defined this and the VT Dual Eligible Project has adopted this definition:
   *A person-directed support system is life-affirming, strength-based, satisfying, humane, and meaningful. Core values include choice, dignity, respect, self-determination, and purposeful living.*

2. The VT  Dual Eligible Project has created a Schematic showing the financing model for the service delivery system. We have also created a flow chart showing how four different Dual Eligible beneficiaries would move through the integrated system of care. These case studies are based on real people whose identity has been protected. See attached for both items.

3. The VT Dual Eligible Project has produced data profiles on dual eligible Vermonters for the period 2004-2008. Medicaid data has been loaded into the iMMRS database through 2010. Further progress has been hampered by the challenge of getting a DUA (with JEN, CMS and VT) through the CMS and ResDAC approval process.  Some data tables have been produced and posted on the project website http://humanservices.vermont.gov/dual-eligibles-project/vt-data/

*Top two to three challenges encountered and strategies to address these challenges:*

1.  **Challenge**:  Data analysis is needed but recent, complete, identifiable Medicare data is not yet available.

    **Strategy**:  Work collaboratively with CMS to get a DUA.

2.  **Challenge**:  Drawing together existing Vermont initiatives that overlap with the VT Dual Eligible Project including the Blueprint for Health (Payment Reform, Community Care Teams, Medical Homes), VT Chronic Care Initiative, VT Information Technology Leaders (VITL), VT Healthcare Claims Uniform Reporting and Evaluation System (VHCURES), the University of Vermont Center for Clinical and Translational Science Informatics Platform, and Vermont's broad and emerging Health Care Reform efforts under Act 48:
    http://www.leg.state.vt.us/docs/2012/Acts/ACT048.pdf

    **Strategy**:  Vermont is a small state (pop 625,000) where many of the players know each other and have worked collaboratively over the years. The VT Dual Eligible Demonstration Project is integrating its efforts with these groups and will continue to interface as we move forward. Many representatives of these initiatives participate in the Stakeholder Advisory Group.  Dual Eligibles Project staff also participate in advisory groups associated with the other initiatives, and meet in small group meetings with staff from the other initiatives to ensure coordination and collaboration.

3.  **Challenge**:  Hurricane Irene caused significant flood damage to the State's infrastructure (roads, power, State Office Buildings, IT servers, etc.) and displaced over 1,000 Vermont State employees from the Waterbury office complex for the foreseeable future. Parts of State Government ground to a halt for almost a month due to lack of office space and problems with computer servers. Many employees remain in temporary spaces in new locations. We anticipate huge infrastructure recovery costs related to the State Work Force, State Office Buildings, and Vermont as a whole.

    **Strategy**:  The State has stabilized somewhat but full recovery will be expensive and long-term.

**State Legislative Developments:** Identification of any State legislative developments that could impact the demonstration design.

**Vermont's Health Care Reform Legislation (Act 48 Universal Health Care enacted July 1, 2011) and Vermont's Blueprint for Health (Payment Reform, Community Care Teams, Medical Homes) are major health care initiatives. The Vermont Dual Eligible project staff are working closely with both entities to coordinate efforts. The VT Dual Eligible project is uniquely situated to act as a pilot demonstration for Vermont's health care reform efforts. The leadership of the Vermont Dual Eligible Demonstration Project is in close contact with Legislative leaders and stakeholders to ensure Vermont's efforts are coordinated and collaborative statewide.**

**11/15/11**

**Anticipated Challenges:** Brief description (e.g., 1-2 paragraphs) of any anticipated challenges (not already addressed above) that could arise over the next six months that may impact the design or submission of the demonstration deliverable and any strategies the State has for addressing them.

**No other anticipated challenges.**

**Workplan/Timeline**

| Timeframe | Key Activities/Milestones | Responsible Parties |
|---|---|---|
| | **Please see attached Workplan Timeline.** | |
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**Proposed Approach:** For each component of the State's proposed approach to better coordinating care for Medicare-Medicaid enrollees (as reflected in the rows below), update the information in the column *Proposed Approach* as needed.  For any significant changes made, briefly provide the context for any changes in the column *Notes on Any Key Changes*.

|  | Proposed Approach (Update Any Key Changes) | Notes on Any Key Changes |
|---|---|---|
| **Overview of Proposed Approach** | Vermont's proposed plan is for the State to become a managed care entity to manage both Medicare and Medicaid services for the dual eligibles, in conjunction with its two current 1115 Medicaid waivers. As part of its broader statewide delivery system reform and community-based infrastructure development for integrating care, Vermont would expand its Advanced Primary Care Practices and add existing case management in conjunction with its Blueprint community health teams to more comprehensively link case management services offered for dual eligibles and improve the coordination of primary, acute and long term care. | |
| **Target Population** | All dual eligibles | |
| **Estimated Enrollment** | 21,379 | |
| **Planned Geographic Service Area** | Statewide | |
| **Planned Proposal Submission Date** | Vermont plans to submit its final proposal to CMS by mid-April 2012. | Submission date: May 10, 2012 |
| **Proposed Implementation Date** | Assuming CMS approval of the demonstration proposal, Vermont would begin actual implementation of service changes within three months of approval by CMS. | |

**Use of Contract Funds:**  For each proposed expenditure under the State's design contract (as reflected in the rows below), update the information in the column *Proposed Expenditure* and *Budgeted Amount ($)* as needed.   *Budgeted Amount* refers to the total dollar amount budgeted/planned for an expenditure (all, none or some of these funds may have been spent at this point).  Use a check mark in the column *Staff Hired/Subcontract Executed* to indicate if the relevant position has been filled or if the relevant subcontract has been executed.  Provide a brief description on planned timing of/challenges in filling any outstanding positions or executing any outstanding contracts. For any significant changes made from the State's original proposal, briefly provide the context for any changes in the column *Notes on Any Key Changes*.

| Use of Contract Funds | Proposed Expenditure | Budgeted Amount ($) | Staff Hired/ Subcontract Executed | Notes on Any Key Changes |
|---|---|---|---|---|
| *Staffing* | State Staff: Project Director | $131,625 | X | |
| | State Staff: IT and Data | $131,625 | X | |
| | State Staff: Administrative Assistant | $84,240 | X | |
| *Subcontracts* | Contractor: Data Analysis, Actuarial Analysis, CMS Negotiations, Project Coordination | $625,000 | Two of three contracts have been executed: Pacific Health Policy Group and Bailit Health Purchasing. Negotiations are underway with Brandeis University. | |
| *Other* | Stakeholder Engagement: Meeting Expenses | $27,510 | X | |

*Has the State submitted invoices for design contract funds?*    YES

**Status of Medicare Data Requests and Related Analysis:**  For each category of Medicare data (Medicare Parts A&B current/ongoing, Medicare Parts A&B historical, and Medicare Part D) update the first two columns below (if needed) to reflect whether the State has requested the data and if the data has been received.  In the final column, provide a brief description of the analysis the State is undertaking or plans to undertake with this data. If the State will not be requesting data at this time, please describe the alternative approach the State will be taking to analyzing Medicare data for design contract work.

| | Data Requested from CMS or ResDAC | Data Received by State | Analysis In Progress or Planned (if State will not be requesting  data at this time, please describe the alternative approach the State will be taking to analyzing Medicare data for design contract work) |
|---|---|---|---|
| **Medicare Parts A&B Current/Ongoing (COBA)** | Yes | No, not yet received. | Complete iMMRS analysis of combined Medicaid and Medicare claims for the period 2004-2010. |
| **Medicare Parts A&B Historical** | Yes | Re-use and new-use approved; new-use not yet received. | Complete iMMRS analysis of combined Medicaid and Medicare claims for the period 2004-2010. |
| **Medicare Part D Current/Ongoing and Historical** | Yes | No, not yet received. | Complete iMMRS analysis of combined Medicaid and Medicare claims for the period 2004-2010. |

**Technical Assistance Needs:** For each area of technical assistance listed below, please indicate with an **X** in the first column if the State needs/anticipates needing technical assistance in this area. Do not include technical assistance needs which the State is addressing/plans to address through subcontracts or other resources funded by the design contract. In the column *Description of Assistance Needed* provide a brief description of the types of assistance needed.

| | Area of Technical Assistance | Description of Assistance Needed |
|---|---|---|
| | Stakeholder Engagement | **N/A** |
| | Medicare Data, Linked Dataset Analysis | **Need expedited DUA.** |
| | Financial Alignment and Modeling | **Need clarity re boundaries around financial alignment, modeling, and shared savings.** |
| | Actuarial Analysis | **Cannot be addressed until data is loaded. Need to know the level of actuarial analysis required prior to submission of proposal.** |
| | Medicare 101 | **N/A** |
| | Medicare Advantage and SNPs | **N/A** |
| | Measurement and Evaluation | **Need CMS list of required evaluation components and our financial obligation.** |
| | Provider Contracting | **N/A** |
| | Long-Term Care Integration Models | **N/A** |
| | Behavioral Health Integration Models | **N/A** |
| | Development of Medicaid Health Home | **N/A** |
| | Information Technology/Systems | **Having the DUA would be most helpful.** |
| | Implementation/Readiness Review | **Need CMS list of components for readiness review.** |
| | Other | |

**Stakeholder Engagement:**  Provide brief answers to the questions below regarding stakeholder engagement work that has taken place or is planned in the State.

| Stakeholder Advisory Committee |
|---|
| *Does the State have (or plan to establish) a stakeholder advisory committee or similar group to obtain input on the State's design proposal?*    **Yes.** <br>**Please see the Vermont Dual Eligible website for all information pertaining to the Vermont Dual Eligible Demonstration Project.** <br>http://humanservices.vermont.gov/dual-eligibles-project <br><br>*If yes, what is the name of this group?*  **Four Workgroups: Service Delivery, Financing Model, Outcomes & Quality, and Person Centered Care plus a Stakeholder Group. All merged into one Stakeholder Advisory Group.** <br><br>*If no, what are the State's alternative plans for gaining input from stakeholders?* |
| *How often does this group meet and over what timeframe? If this group has not yet begun to meet, when will meetings begin?*  **All four Workgroups have been meeting every 2 weeks since July 2011; they merged into a single Stakeholder Advisory Group in October 2011. The Stakeholder Group met monthly since July 2011 but merged into the Stakeholder Advisory Group in October 2011.** <br>**See Workgroup Minutes at**  http://humanservices.vermont.gov/dual-eligibles-project |
| *Are the meetings of this group open to the public?* **Yes** |
| *Are beneficiaries a part of this group?*   **Yes** |
| *Are advocates a part of this group?* **Yes** |
| *Are family members and caregivers a part of this group?* **Yes** |
| *Are providers a part of this group?*   **Yes** |
| *If applicable, who else is part of this group?* <br>**See "Other Stakeholder Engagement Activities"** <br>**See Workgroup Minutes for participants**  http://humanservices.vermont.gov/dual-eligibles-project |
| **Public Meetings** |
| *Is the State holding/has the State held other public meetings?* **Yes** |
| *If yes, when will/did these meetings take place and how will/did the State inform stakeholders of these events?* **Presentations to provider groups and advocacy organizations are on-going.** <br>**See "Other Stakeholder Engagement Activities"** |
| **Focus Groups** |
| *Has the State/is the State planning to conduct focus groups to inform its design proposal?* **Yes** |

*If yes, please briefly describe the population(s) participating in the focus groups and key topic areas of discussion.*

**Focus Group Populations:**

**Community Rehabilitation and Treatment, Developmental Services, Home and Community-Based Long Term Care Services, Traumatic Brain Injury, and dually eligible people older/younger than 65 but not participating in the above programs.**

**Focus Group Topic Areas:**

Regarding current Medicare and Medicaid insurance coverage…

1. How would you rate the range of care or services available?
2. How would you rate the quality of care or services?
3. Are the premium amounts reasonable?
4. Are the co-payment or 'co-pay' amounts reasonable?
5. Have you skipped doses of a medicine or took smaller doses to make them last longer?
6. Have you needed a service but couldn't readily get it?
   - Medical care from a doctor including surgery
   - Mental health care or counseling
   - Dental care including dental checkups
   - Dentures or eyeglasses
   - Diagnostic tests such as a CAT scan, MRI, lab work, or x-ray
   - Prescription medicines
   - 'Over the counter' medicines
   - Durable medical equipment or assistive technology
   - Modifications to make your home more accessible
   - Help in your home such as personal care, cleaning, shopping, or medication assistance
   - Help in accessing other supports such as rental assistance, fuel assistance, food assistance, transportation
7. Have you had problems paying for health care?
8. Were there times that you needed care but you could not find a doctor or other provider who would accept your insurance?
9. What works well?
10. What does not work well?
11. What could be done to improve health care services?
12. What could be done to improve home and community-based services?
13. If you had more flexibility in using Medicaid and Medicare funding, how might you use these funds? What services or supports might you want to buy?

**Other Stakeholder Engagement Activities**

*If applicable, briefly describe any other stakeholder engagement activities that have taken place or are planned.*

**Outreach/Involvement:**

| Organization/Group | Status/Date |
|---|---|
| Developmental Services Standing Committee | Presentation on 10/19/11 |
| Developmental Disabilities Council | Attends Workgroup meetings |

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|---|---|
| Developmental Services Directors | TBD |
| VT Assembly of Home Health Agencies | Attends Workgroup meetings |
| VT Health Care Association (Nursing Homes, Assisted Living, Residential Care Homes | Attends Workgroup meetings |
| VT Association of Adult Day Services | TBD |
| PACE Vermont | Attends Workgroup meetings |
| Medicaid Advisory Board | TBD |
| VT Dept of Disabilities, Aging & Independent Living Advisory Board | Presentations at Board meetings |
| Area Agencies on Aging Executive Directors | Presentation 10/4/11 |
| VT Association of Adult Day Services | TBD |
| Green Mountain Self-Advocates | Representatives at 10/19 State Standing Committee meeting |
| VT Psychiatric Survivors | TBD |
| VT Center for Independent Living | Attends Workgroup meetings |
| State Independent Living Council | Attends Workgroup meetings |
| Community of VT Elders (COVE) | Attends Workgroup meetings |
| AARP Vermont Chapter | TBD |
| Legislative leaders | Intermittent meetings; discussions during 2012 Legislative Session |
| Blueprint for Health | Attends Workgroup meetings plus frequent 1:1 meetings |
| Green Mountain Care Core Implementation Team (VT Health Care Reform). Includes Secretary of Administration | Presentation on 9/22/11 plus ongoing meetings |
| VT Agency of Human Services Secretary and Governor | Intermittent meetings; discussions during 2012 Legislative Session |
| VT Hospital Association | TBD |
| VT Council of Developmental & Mental Health Svces | Attends Workgroup meetings |
| VT Medical Society | Attends Workgroup meetings |
| VT Legal Aid (VLA) | Attends Workgroup meetings |
| Senior Citizens Law Project (VLA) | Attends Workgroup meetings |
| Disability Law Project (VLA) | Attends Workgroup meetings |
| LTC Ombudsman (VLA) | Attends Workgroup meetings |
| Health Care Ombudsman (VLA) | Attends Workgroup meetings |
| VT Dept of Mental Health | Attends Workgroup meetings and Steering Committee |
| VT Dept of Health Access (DVHA) | Attends Workgroup meetings and Steering Committee |
| VT Dept of Health Access-Pharmacy Benefits | Attends Workgroup meetings and 1:1 meetings |
| VT Dept of Health Access-Quality Assurance and Program Integrity | 1:1 meetings |

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|---|---|
| VT Chronic Care Initiative | Attends Workgroup meetings and 1:1 meetings |
| VT Dept of Banking, Insurance, Securities and Health Care Administration | Meetings re health insurance and VT health care data |
| VT Dept of Disabilities, Aging & Independent Living | Attends Workgroup meetings and Steering Committee |
| VT Division of Rate Setting | Attends Workgroup meetings |
| Cathedral Square Housing | Attends Workgroup meetings |
| UVM Center on Aging | Attends Workgroup meetings |
| Fletcher Allen Medical Center | Attends Workgroup meetings |
| Designated Agencies (mental health services, developmental services, and substance abuse) | Attend Workgroup meetings |
| Home Health Agencies | Attend Workgroup meetings |
| VT Nursing Facilities | Attend Workgroup meetings |
| National Association of States United for Aging & Disabilities | Presentation in November 2011 |